

Fill in this information to identify the case:

Debtor Name LEWIS M. IRVING

United States Bankruptcy Court for the: Eastern District of Pennsylvania

Case number: 19-13930 (AMC)

☐ Check if this is an amended filing

## Official Form 425C

### Monthly Operating Report for Small Business Under Chapter 11

12/17

Month: MARCH

Date report filed: 06/10/2020  
MM / DD / YYYY

Line of business: CEMETERY

NAISC code: 812220

In accordance with title 28, section 1746, of the United States Code, I declare under penalty of perjury that I have examined the following small business monthly operating report and the accompanying attachments and, to the best of my knowledge, these documents are true, correct, and complete.

Responsible party: LEWIS M. IRVING

Original signature of responsible party \_\_\_\_\_

Printed name of responsible party LEWIS M. IRVING

#### 1. Questionnaire

Answer all questions on behalf of the debtor for the period covered by this report, unless otherwise indicated.

	Yes	No	N/A
<b>If you answer No to any of the questions in lines 1-9, attach an explanation and label it Exhibit A.</b>			
1. Did the business operate during the entire reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you plan to continue to operate the business next month?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you paid all of your bills on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you pay your employees on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you deposited all the receipts for your business into debtor in possession (DIP) accounts?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you timely filed your tax returns and paid all of your taxes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you timely filed all other required government filings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you timely paid all of your insurance premiums?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If you answer Yes to any of the questions in lines 10-18, attach an explanation and label it Exhibit B.</b>			
10. Do you have any bank accounts open other than the DIP accounts?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Have you sold any assets other than inventory?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Have you sold or transferred any assets or provided services to anyone related to the DIP in any way?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Did any insurance company cancel your policy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Did you have any unusual or significant unanticipated expenses?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Have you borrowed money from anyone or has anyone made any payments on your behalf?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Has anyone made an investment in your business?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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17. Have you paid any bills you owed before you filed bankruptcy?

☐ ☒ ☐

18. Have you allowed any checks to clear the bank that were issued before you filed bankruptcy?

☐ ☒ ☐

## 2. Summary of Cash Activity for All Accounts

### 19. Total opening balance of all accounts

This amount must equal what you reported as the cash on hand at the end of the month in the previous month. If this is your first report, report the total cash on hand as of the date of the filing of this case.

\$ 8,274.53

### 20. Total cash receipts

Attach a listing of all cash received for the month and label it *Exhibit C*. Include all cash received even if you have not deposited it at the bank, collections on receivables, credit card deposits, cash received from other parties, or loans, gifts, or payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit C*.

Report the total from *Exhibit C* here.

\$ 31,290.00

### 21. Total cash disbursements

Attach a listing of all payments you made in the month and label it *Exhibit D*. List the date paid, payee, purpose, and amount. Include all cash payments, debit card transactions, checks issued even if they have not cleared the bank, outstanding checks issued before the bankruptcy was filed that were allowed to clear this month, and payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit D*.

Report the total from *Exhibit D* here.

- \$ 40,592.39

### 22. Net cash flow

Subtract line 21 from line 20 and report the result here.

+ \$ (9,302.39)

This amount may be different from what you may have calculated as *net profit*.

### 23. Cash on hand at the end of the month

Add line 22 + line 19. Report the result here.

Report this figure as the *cash on hand at the beginning of the month* on your next operating report.

= \$ 8,274.53

This amount may not match your bank account balance because you may have outstanding checks that have not cleared the bank or deposits in transit.

## 3. Unpaid Bills

Attach a list of all debts (including taxes) which you have incurred since the date you filed bankruptcy but have not paid. Label it *Exhibit E*. Include the date the debt was incurred, who is owed the money, the purpose of the debt, and when the debt is due. Report the total from *Exhibit E* here.

### 24. Total payables

\$ 1,400.00

(*Exhibit E*) Income Tax \$ ---

Property tax \$1,400.00

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#### 4. Money Owed to You

Attach a list of all amounts owed to you by your customers for work you have done or merchandise you have sold. Include amounts owed to you both before, and after you filed bankruptcy. Label it *Exhibit F*. Identify who owes you money, how much is owed, and when payment is due. Report the total from *Exhibit F* here.

25. Total receivables

\$ 0

(Exhibit F)

#### 5. Employees

26. What was the number of employees when the case was filed?

0

27. What is the number of employees as of the date of this monthly report?

0

#### 6. Professional Fees

28. How much have you paid this month in professional fees related to this bankruptcy case?

\$ 0

29. How much have you paid in professional fees related to this bankruptcy case since the case was filed?

\$ 15,000.00

30. How much have you paid this month in other professional fees?

\$ 0

31. How much have you paid in total other professional fees since filing the case?

\$ 0

#### 7. Projections

Compare your actual cash receipts and disbursements to what you projected in the previous month. Projected figures in the first month should match those provided at the initial debtor interview, if any.

	Column A		Column B		Column C
	Projected	—	Actual	=	Difference
	Copy lines 35-37 from the previous month's report.		Copy lines 20-22 of this report.		Subtract Column B from Column A.
32. Cash receipts	\$ <u>14,000.00</u>	—	\$ <u>31,290.00</u>	=	\$ <u>17,290.00</u>
33. Cash disbursements	\$ <u>12,000.00</u>	—	\$ <u>40,592.39</u>	=	\$ <u>(28,592.39)</u>
34. Net cash flow	\$ <u>2,000.00</u>	—	\$ <u>9,302.39</u>	=	\$ <u>(11,302.39)</u>
35. Total projected cash receipts for the next month:					\$ <u>14,000.00</u>
36. Total projected cash disbursements for the next month:					— \$ <u>12,000.00</u>
37. Total projected net cash flow for the next month:					= \$ <u>2,000.00</u>

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## 8. Additional Information

If available, check the box to the left and attach copies of the following documents.

- ☒ 38. Bank statements for each open account (redact all but the last 4 digits of account numbers).
- ☐ 39. Bank reconciliation reports for each account.
- ☐ 40. Financial reports such as an income statement (profit & loss) and/or balance sheet.
- ☐ 41. Budget, projection, or forecast reports.
- ☐ 42. Project, job costing, or work-in-progress reports.

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**Monthly Profit & Loss Statement**  
For HAVEN MEMORIAL PARK (Name of Business)  
Month Ending March 31, 2020

**Income:**

1	Your Business Income	
2	<b>TOTAL INCOME</b>	<u>31,290.00</u> <u>\$ 3129000</u>

**Business Expenses:**

3	Advertising/Marketing	\$ _____
4	Credit/Debit Card Fees	\$ _____
5	Equipment Rental/Lease	\$ _____
6	Insurance Expense	\$ _____
7	Licenses/Permits	\$ _____
8	Office Supplies Expense	\$ _____
9	Postage & Delivery	\$ _____
10	Rent - Office/Storage Space, Etc.	\$ _____
11	Supplies/Materials Expense	\$ _____
12	Travel/Entertainment	\$ _____
13	Utilities Expense	\$ _____
14	Vehicle Expense	\$ _____

**Other Business Expenses:**

15		\$ _____
16		\$ _____
17		\$ _____
18	<b>TOTAL OPERATING EXPENSES</b>	<u>\$ 40592</u>

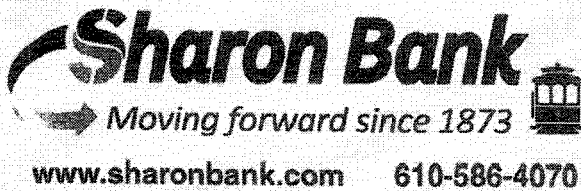
(Add lines 3 through 17 = line 18)

19	<b>PROFIT OR (LOSS) FROM BUSINESS</b>	<u>\$ -9302</u>
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(Line 2 minus line 18 = line 19)

PREPARED BY: Lewis M Irving

DATE PREPARED: 06/12/2020



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HAVEN MEMORIAL PARK  
CEMETARY AND CREMATORY INC  
278 THORNTON RD  
THORNTON PA 19373



00000298 0000695 0001-0003

**CHECKING ACCOUNT**

**STATEMENT PERIOD FROM 03/01/2020 TO 03/31/2020**

ACCOUNT NUMBER:

PAGE: 1

**ACCOUNT SUMMARY**

PREVIOUS STATEMENT DATE:	02/29/2020
BEGINNING BALANCE:	17,576.92
+ DEPOSITS/CREDITS:	31,290.00
+ INTEREST:	.00
9 TOTAL CREDITS:	31,290.00
37 TOTAL WITHDRAWALS/DEBITS:	40,592.39
ENDING BALANCE:	8,274.53

**SERVICE CHARGES**

ACCOUNT MAINTENANCE	2.00		
AVERAGE BALANCE:	9,171.73	MINIMUM BALANCE:	6,675.18

**ACCOUNT DETAIL**

DATE	DESCRIPTION	DEPOSITS	WITHDRAWALS	BALANCE
02/29	BALANCE FORWARD			17,576.92
03/01	POS PURCHASE CVS/PHARM 04984-- CVS/PHARM 04984--863 B GLEN MILLS PA SEQ#856081 DATE 3/01/20 TIME 13:35		47.00-	17,529.92
03/02	DBT PURCHASE LUKOIL 57732 LUKOIL 57732 EASTAMPTON NJ SEQ#195474 DATE 3/01/20 TIME 12:23		46.99-	17,482.93

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## CHECKING ACCOUNT

STATEMENT PERIOD FROM 03/01/2020 TO 03/31/2020

ACCOUNT NUMBER: 24444444

PAGE: 2

## ACCOUNT DETAIL

DATE DESCRIPTION	DEPOSITS	WITHDRAWALS	BALANCE
03/02 BALANCE FORWARD FROM PREV. PAGE			17,482.93
03/02 DEPOSIT	2,490.00		19,972.93
03/02 WIRE AND FEE		10,030.00-	9,942.93
03/02 CHECK NUMBER 614		1,000.00-	8,942.93
03/02 CHECK NUMBER 617		215.04-	8,727.89
03/02 CHECK NUMBER 620		564.45-	8,163.44
03/04 DEPOSIT	4,440.00		12,603.44
03/04 CHECK NUMBER 624		256.78-	12,346.66
03/04 CHECK NUMBER 625		393.24-	11,953.42
03/04 CHECK NUMBER 626		2,035.08-	9,918.34
03/04 CHECK NUMBER 627		28.06-	9,890.28
03/06 CHECK NUMBER 623		774.00-	9,116.28
03/06 CHECK NUMBER 631		350.00-	8,766.28
03/06 CHECK NUMBER 632		295.00-	8,471.28
03/06 CHECK NUMBER 633		800.00-	7,671.28
03/09 HARFORD-MUTL-INS INSURANCE		796.10-	6,875.18
03/10 DEPOSIT	12,290.00		19,165.18
03/12 DEPOSIT	2,750.00		21,915.18
03/12 OUTGOING WIRE AND FEE		9,825.00-	12,090.18
03/12 CHECK NUMBER 634		210.00-	11,880.18
03/13 DBT PURCHASE WWW.SUPERBRIGHTLE		51.47-	11,828.71
WWW.SUPERBRIGHTLEDS.CO EARTH CITY MO			
SEQ#584175 DATE 3/12/20 TIME 11:16			
03/13 DEPOSIT	2,185.00		14,013.71
03/13 CHECK NUMBER 619		4,770.80-	9,242.91
03/13 CHECK NUMBER 635		350.00-	8,892.91
03/13 CHECK NUMBER 636		295.00-	8,597.91
03/13 CHECK NUMBER 637		800.00-	7,797.91
03/13 CHECK NUMBER 638		620.00-	7,177.91
03/14 POS PURCHASE CVS/PHARMACY #04		102.00-	7,075.91
04984--863 BALTIMO GLEN MILLS PA			
SEQ#916749 DATE 3/14/20 TIME 15:08			
03/20 DBT RECUR-PURCH AMAZON PRIME*8442		13.77-	7,062.14
AMAZON PRIME*8442ZJ1Q23 AMZN.COM/BILL WA			
SEQ#305151 DATE 3/19/20 TIME 11:03			
03/20 POS PURCHASE COSTCO GAS #111		44.22-	7,017.92
COSTCO GAS #111 GLEN MILLS PA			
SEQ#834314 DATE 3/20/20 TIME 07:22			
03/20 DEPOSIT	2,090.00		9,107.92
03/20 CHECK NUMBER 639		750.00-	8,357.92
03/20 CHECK NUMBER 640		350.00-	8,007.92
03/20 CHECK NUMBER 641		295.00-	7,712.92
03/26 DEPOSIT	3,310.00		11,022.92
03/26 CHECK NUMBER 642		726.44-	10,296.48
03/27 CHECK NUMBER 644		350.00-	9,946.48
03/27 CHECK NUMBER 645		295.00-	9,651.48
03/27 CHECK NUMBER 646		800.00-	8,851.48
03/28 POS PURCHASE CVS/PHARMACY #04		237.81-	8,613.67
04984--863 BALTIMO GLEN MILLS PA			
SEQ#475629 DATE 3/28/20 TIME 15:36			

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00000298 0000596 0002-0003



Debtor Name **LEWIS M. IRVING**

Case number **19-13930 (AMC)**

**CHECKING ACCOUNT**

**STATEMENT PERIOD FROM 03/01/2020 TO 03/31/2020**

ACCOUNT NUMBER: **44444444**

PAGE: 3

**ACCOUNT DETAIL**

DATE DESCRIPTION	DEPOSITS	WITHDRAWALS	BALANCE
03/28 BALANCE FORWARD FROM PREV. PAGE			8,613.67
03/30 SAFEGARD BUSSEYS ECP		324.64-	8,289.03
03/30 DEPOSIT	1,105.00		9,394.03
03/30 DEPOSIT	630.00		10,024.03
03/31 CHECK NUMBER 663		1,747.50-	8,276.53
03/31 SERVICE CHARGE		2.00-	8,274.53

**CHECKS IN ORDER**

DATE	NUMBER	AMOUNT	TRACE-NBR	DATE	NUMBER	AMOUNT	TRACE-NBR
03/02	614	1,000.00	0008500540	03/02	617*	215.04	0008503180
03/13	619*	4,770.80	0008025830	03/02	620	564.45	0008502070
03/06	623*	774.00	0008021010	03/04	624	256.78	0008012590
03/04	625	393.24	0008009970	03/04	626	2,035.08	0008010900
03/04	627	28.06	0008010870	03/06	631*	350.00	0008517390
03/06	632	295.00	0008024080	03/06	633	800.00	0008024040
03/12	634	210.00	0008506640	03/13	635	350.00	0008028260
03/13	636	295.00	0008028600	03/13	637	800.00	0008028240
03/13	638	620.00	0008028530	03/20	639	750.00	0008520850
03/20	640	350.00	0008012860	03/20	641	295.00	0008520880
03/26	642	726.44	0008513660	03/27	644*	350.00	0008517680
03/27	645	295.00	0008517100	03/27	646	800.00	0008010940
03/31	663*	1,747.50	0008505010				

(\*) CHECK NUMBERS MISSING

(NOTAVL) CHECK # NOT AVAILABLE

TOTAL 25 19,071.39

**SUMMARY OF ACCOUNTS**

**DEPOSIT ACCOUNTS**

AP	ACCOUNT	BALANCE	INT-RATE%	YTD-INT	YTD-PENALTY	MATURITY
CK	<b>44444444</b>	8,274.53				

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